

**Please note: throughout this survey, the terms “nurse” or “nursing staff” may refer RNs, LPNs, Nurse Aides, Health Technicians, or any other personnel whose duties include clinical nursing tasks.**

**You might receive more than one copy of this survey form if you work in more than one unit during the survey period. Please complete and return only ONE form within two weeks. Thank you!**

**A. Employment Characteristics:** This section asks questions about your VA employment. Please circle the number of the appropriate response to each question or, where indicated, fill in the blanks.

1. Are you a/an...
  1. RN
  2. LPN/LVN
  3. Nurse Aide
  4. Health Technician
2. If you are a VA employee, are you...
  1. Title 38
  2. Title 5
3. Are you currently working full- or part-time, intermittent, or per diem at this hospital?
  1. Full-time
  2. Part-time
  3. Intermittent
  4. Per diem
4. Is your employment...
  1. Permanent
  2. Temporary
  3. Per diem (agency)
  4. Other (specify) \_\_\_\_\_
5. Are you regularly assigned to work in one hospital area or one particular unit? (e.g., Med/Surg, SICU)
  1. Yes      If so, what unit are you currently assigned to? \_\_\_\_\_
  2. No
6. What is your job title?
  1. Staff nurse
  2. Nurse manager, specify title: \_\_\_\_\_
  3. Other (specify) \_\_\_\_\_
7. How many years have you worked...
  1. as a nurse? \_\_\_\_\_ years
  2. as a nurse in the VA system? \_\_\_\_\_ years
  3. as a nurse at your present hospital? \_\_\_\_\_ years
  4. as a nurse on your current unit? \_\_\_\_\_ years
8. Is your immediate supervisor a nurse?
  1. Yes
  2. No
9. In the **past year**, how many hours per week did you work, on average?  
 \_\_\_\_\_ hours per week.
10. In a **typical week**, how many hours do you work on units other than those to which you are permanently assigned?  
 \_\_\_\_\_ hours per week.
11. Did you float or work on a unit or area other than your regularly assigned unit during the **past 2 weeks**?
  1. Yes
  2. No    (if No, skip to Question 12)

Think of the **last time** you did this:

A. Which of the following **best** describes how well you were oriented to that unit?

1. Orientation was thorough and comprehensive.
2. Orientation was adequate to deliver competent patient care.
3. Orientation was inadequate to deliver competent patient care.
4. I did not receive any orientation to the unit or area.
5. I did not need an orientation to this unit or area.

B. Did you have to demonstrate competency on that unit or area prior to working there?

1. Yes
2. No
3. No need to demonstrate competency

12. What is the length of your regularly scheduled shift?

1. 8 hours
2. 12 hours
3. Either 8 or 12 hours
4. Other (specify) \_\_\_\_\_

13. Which shift(s) were you scheduled to work during the **past 2 weeks**?

1. Day shift only
2. Evening shift only
3. Night shift only
4. Rotated between 2 shifts
5. Rotated between 3 shifts

14. In the **past two** weeks, how often did you have **unscheduled** shift changes from your regularly scheduled shift?

1. None
2. Once
3. Twice
4. Other (specify) \_\_\_\_\_

15. In a **typical month**, about how many hours per week do you work the following types of unscheduled time? Enter "0" if none.

1. Mandatory (required) unscheduled time \_\_\_\_\_ hours per week
2. Other paid unscheduled time \_\_\_\_\_ hours per week
3. Unpaid unscheduled time \_\_\_\_\_ hours per week

16. Which of the following **best** describes how you were paid for unscheduled time? (Please select only one)

1. Not applicable – never worked extra hours or unscheduled time
2. Unpaid – salary employee
3. Unpaid – hourly employee
4. Unpaid but "comp time off" given
5. Paid at regular hourly rate
6. Paid at overtime rate (more than the regularly hourly rate)

17. Thinking of the last time you worked extra hours or unscheduled time, which of the following **best** describes why you worked extra hours? (Please select only one)

1. You wanted to help out when the unit was busy or short staffed.
2. You wanted the extra money.
3. You wanted time off on another day.
4. You felt pressured by your manager, supervisor or other staff.
5. You were required (mandated) to work.

18. In the past year, has the amount of **mandatory** unscheduled time required of you:

1. Increased
2. Remained the same
3. Decreased
4. Not applicable

19. In the past year, has the amount of **voluntary** unscheduled time that you work:

1. Increased
2. Remained the same
3. Decreased
4. Not applicable

20. In the past year, approximately how many hours have you spent in training as part of your job? \_\_\_\_\_ hours

21. During the past year, did any of the following occur in your hospital?

- |  |           |          |                  |
|--|-----------|----------|------------------|
| 1. Loss of Chief Nurse Executive with acting replacement       | _____ Yes | _____ No | _____ Don't Know |
| 2. Loss of Chief Nurse Executive with permanent replacement    | _____ Yes | _____ No | _____ Don't Know |
| 3. Reorganization of nursing staff (e.g., by product line)     | _____ Yes | _____ No | _____ Don't Know |
| 4. Increase in authority of the Chief Nurse Executive position | _____ Yes | _____ No | _____ Don't Know |
| 5. Decrease in authority of the Chief Nurse Executive position | _____ Yes | _____ No | _____ Don't Know |

22. Please indicate if each of the following has increased, decreased or stayed the same **in your unit** during the **past year**:

	Increased	Stayed the Same	Decreased	Don't Know
1. Number of nurse managers	1	2	3	4
2. Number of part-time RNs	1	2	3	4
3. Number of advance practice nurses providing care	1	2	3	4
4. Number of per diem or agency nurses providing care	1	2	3	4
5. Workload for staff nurses	1	2	3	4
6. Number of patients assigned to each nurse	1	2	3	4
7. Number of unlicensed assistive personnel (nurse aides or health technicians)	1	2	3	4
8. Number of LPNs or LVNs	1	2	3	4
9. Number of full-time RNs	1	2	3	4
10. Number of private duty nurses	1	2	3	4
11. Number of private duty or per diem non-nurse sitters	1	2	3	4

**B. Nursing Work Index (NWI):** For each item in this section, please indicate the extent to which you agree that the following items ARE PRESENT IN YOUR CURRENT JOB. Indicate your degree of agreement by circling the appropriate number.

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
1. Adequate support services allow nurses to spend time with patients.	1	2	3	4
2. Physicians and nurses have good working relationships.	1	2	3	4
3. A good orientation program for newly employed nurses.	1	2	3	4
4. A supervisory staff that is supportive of nurses.	1	2	3	4
5. A satisfactory salary.	1	2	3	4
6. Nursing controls its own practice.	1	2	3	4
7. Active staff development or continuing education programs for nurses.	1	2	3	4
8. Career development/clinical ladder opportunity.	1	2	3	4
9. Opportunity for staff nurses to participate in policy decisions.	1	2	3	4
10. Supervisors use mistakes as learning opportunities not criticism.	1	2	3	4
11. Staff nurses generally do not have to float from their designated unit.	1	2	3	4
12. Physicians value nursing observations and judgments.	1	2	3	4
13. Support for new and innovative ideas about patient care.	1	2	3	4
14. Enough time and opportunity to discuss patient care problems with other nurses.	1	2	3	4
15. Enough nurses on staff to provide quality patient care.	1	2	3	4
16. A nurse manager who is a good manager and leader.	1	2	3	4

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
17. A chief nursing officer who is highly visible and accessible to staff.	1	2	3	4
18. Flexible or modified work schedules are available.	1	2	3	4
19. Enough staff to get the work done.	1	2	3	4
20. Hospital administration supports and values nurses.	1	2	3	4
21. Physicians recognize nurses' contributions to patient care.	1	2	3	4
22. Freedom to make important patient care and work decisions.	1	2	3	4
23. Praise and recognition for a job well done.	1	2	3	4
24. The opportunity for staff nurses to consult with clinical nurse specialists or expert nurse clinicians.	1	2	3	4
25. Good working relationships with other hospital departments.	1	2	3	4
26. Not being placed in a position of having to do things that are against my nursing judgment.	1	2	3	4
27. High standards of nursing care are expected by the administration.	1	2	3	4
28. A chief nursing officer equal in power and authority to other top-level hospital executives.	1	2	3	4
29. A lot of team work between nurses and physicians.	1	2	3	4
30. Physicians give high quality medical care.	1	2	3	4
31. Opportunities for advancement.	1	2	3	4
32. Nursing staff are supported in pursuing degrees in nursing.	1	2	3	4
33. A clear philosophy of nursing that pervades the patient care environment.	1	2	3	4
34. Nurses actively participate in efforts to control costs.	1	2	3	4
35. Working with nurses who are clinically competent.	1	2	3	4
36. Physicians respect nurses as professionals.	1	2	3	4
37. The nursing staff participate in selecting new equipment.	1	2	3	4
38. A nurse manager who backs up the nursing staff in decision-making, even if the conflict is with a physician.	1	2	3	4
39. Administration that listens and responds to employee concerns.	1	2	3	4
40. An active quality assurance program.	1	2	3	4
41. Staff nurses are involved in the internal governance of the hospital (e.g., practice and policy committees).	1	2	3	4
42. Collaboration (joint practice) between nurses and physicians.	1	2	3	4
43. A preceptor program for newly hired nurses.	1	2	3	4
44. Nursing care is based on a nursing rather than a medical model.	1	2	3	4
45. Staff nurses have the opportunity to serve on hospital and nursing committees.	1	2	3	4
46. The contributions that nurses make to patient care are publicly acknowledged.	1	2	3	4
47. Nurse managers consult with staff on daily problems and procedures.	1	2	3	4
48. A work environment that is pleasant, attractive, and comfortable.	1	2	3	4
49. Opportunity to work on a highly specialized patient care unit.	1	2	3	4
50. The medical staff holds nurses in high esteem.	1	2	3	4
51. Written, up-to-date nursing care plans for all patients.	1	2	3	4
52. Patient care assignments that foster continuity of care, i.e., the same nurse cares for the patient from one day to the next.	1	2	3	4
53. Working with experienced nurses who "know" the hospital system.	1	2	3	4
54. Staff nurses actively participate in developing their own work schedules (i.e., what days they work; days off, etc).	1	2	3	4
55. Each patient care unit determines its own policies and procedures.	1	2	3	4

**C. Burnout Inventory†:** This section contains statements of JOB-RELATED FEELINGS. If you have *never* had this feeling, circle the “0” after the statement. Otherwise, indicate *how often* you feel like this by circling the number (from 1 to 6) that best describes how frequently you feel that way.

**How Often?**

	Never	A Few Times Per Year	Once a Month or Less	A Few Times per Month	Once a Week	A Few Times per Week	Every Day
a. I feel emotionally drained from my work	0	1	2	3	4	5	6
b. I feel used up at the end of the workday.	0	1	2	3	4	5	6
c. I feel fatigued when I get up in the morning and have to face another day on the job.	0	1	2	3	4	5	6
d. I can easily understand how my patients feel about things.	0	1	2	3	4	5	6
e. I feel I treat some patients as if they were impersonal objects.	0	1	2	3	4	5	6
f. Working with people all day is really a strain for me.	0	1	2	3	4	5	6
g. I deal very effectively with the problems of my patients.	0	1	2	3	4	5	6
h. I feel burned-out from my work.	0	1	2	3	4	5	6
i. I feel I'm positively influencing other people's lives.	0	1	2	3	4	5	6
j. I've become more callous toward people since I took this job.	0	1	2	3	4	5	6
k. I worry that this job is hardening me emotionally.	0	1	2	3	4	5	6
l. I feel very energetic.	0	1	2	3	4	5	6
m. I feel frustrated by my job.	0	1	2	3	4	5	6
n. I feel I'm working too hard on my job.	0	1	2	3	4	5	6
o. I don't really care what happens to some patients.	0	1	2	3	4	5	6
p. Working directly with people puts too much stress on me.	0	1	2	3	4	5	6
q. I can easily create a relaxed atmosphere with my patients.	0	1	2	3	4	5	6
r. I accomplish many worthwhile things in this job.	0	1	2	3	4	5	6
s. I feel exhilarated after working closely with my patients.	0	1	2	3	4	5	6
t. I feel like I'm at the end of my rope.	0	1	2	3	4	5	6
u. In my work, I deal with emotional problems very calmly.	0	1	2	3	4	5	6
v. I feel patients blame me for some of their problems.	0	1	2	3	4	5	6

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**D. Job Characteristics:** This section asks about your job as a nurse and asks for your views about the care on your nursing unit and in your hospital. Please circle the number of the appropriate response to each question or, where indicated, fill in the blanks.

1. On the whole, how satisfied are you with your present job?
  1. Very dissatisfied
  2. A little dissatisfied
  3. Moderately satisfied
  4. Very satisfied
2. Independent of your present job, how satisfied are you with being a nurse?
  1. Very dissatisfied
  2. A little dissatisfied
  3. Moderately satisfied
  4. Very satisfied
3. Do you plan on retiring from the VA?
  1. Yes
  2. No
4. Thinking about the **next 12 months**, how likely do you think it is that you will lose your job or be laid off?
  1. Very likely
  2. Fairly likely
  3. Not too likely
  4. Not at all likely
5. Thinking about the **next 12 months**, how likely do you think it is that you will quit or choose to leave your present job?
  1. Very likely
  2. Fairly likely
  3. Fairly unlikely
  4. Very unlikely
6. Do you plan to leave your present nursing position ?
  1. Yes, within the next 6 months
  2. Yes, within the next 12 months
  3. No plans within the next year
7. If you were looking for another job, how easy or difficult do you think it would be for you to find an acceptable job in nursing?
  1. Very easy
  2. Fairly easy
  3. Fairly difficult
  4. Very difficult
8. If you did leave your present nursing position which of following would you be **most likely** to do?
  1. take a similar nursing position on a different unit within the same hospital
  2. take a higher-level nursing position in the same hospital
  3. take a nursing position in a different hospital
  4. take a nursing position in a non-hospital setting
  5. take a job outside of nursing
  6. retire or not work outside of the home

9. Please answer this question only if you work in an inpatient setting: If not, skip to Question 10.

Which of the following statements **best** describes why you would consider leaving the **inpatient** setting? (choose one)

1. Not applicable – I am not considering leaving the inpatient setting.
2. Feel overworked in the inpatient setting
3. Feel burned out from the inpatient setting
4. Feel unsupported in the inpatient setting
5. Concerned with quality of care in inpatient settings
6. Concerned with occupational exposure or injury
7. Concerned with delegation of tasks to unlicensed assistive personnel
8. Seek more challenging work
9. Better salary available outside of the inpatient setting
10. Better advancement opportunities available outside of the inpatient setting
11. Better work schedules are available outside of the inpatient setting
12. Insufficient clinical autonomy
13. Lack of respect
14. Insufficient managerial support for nursing care
15. Mandatory overtime

10. Which of the following statements **best** describes why you would consider leaving nursing altogether? (choose one)

1. Not applicable – I would not consider leaving nursing
2. Feel overworked
3. Feel burned out from nursing
4. Feel unsupported as a nurse
5. Concerned with quality of care
6. Concerned with occupational exposure or injury
7. Concerned with delegation to unlicensed assistive personnel
8. Seek more challenging work
9. Better salary available outside of nursing
10. Better advancement opportunities available outside of nursing
11. Better work schedules are available outside of nursing
12. More autonomy
13. More respect
14. Better managerial support
15. Less mandatory overtime

11. How satisfied are you with the following in your current job?

	Not at All Satisfied	Not Very Satisfied	Somewhat Satisfied	Very Satisfied	Not Applicable
1. wages / salary	1	2	3	4	5
2. vacation	1	2	3	4	5
3. working hours	1	2	3	4	5
4. schedule flexibility	1	2	3	4	5
5. childcare availability	1	2	3	4	5
6. professional prestige	1	2	3	4	5
7. relations with colleagues	1	2	3	4	5
8. adequate staffing	1	2	3	4	5
9. adequate resources to care for patients	1	2	3	4	5
10. control over your own nursing practice	1	2	3	4	5
11. health insurance	1	2	3	4	5
12. pension	1	2	3	4	5
13. educational opportunities	1	2	3	4	5
14. management responsiveness	1	2	3	4	5
15. physical plant	1	2	3	4	5
16. equipment/technology	1	2	3	4	5

12. Which of the following characteristics of your present job encourage you to stay in that job? (Circle all that apply)

1. wages/salary
2. vacation
3. working hours
4. schedule flexibility
5. childcare availability
6. professional prestige
7. relations with colleagues
8. adequate staffing
9. adequate resources to care for patients
10. control over your own nursing practice
11. health insurance
12. pension
13. educational opportunities, including sabbatical opportunity
14. management responsiveness
15. physical plant
16. equipment/technology
17. recognition award
18. compliments from patients
19. positive comments from other staff
20. Other: please list: \_\_\_\_\_

13. Please enter the item number from the list above that **most** encourages you to stay in your present job: \_\_\_\_\_

14. How would you describe the **current** quality of nursing care delivered to patients in your hospital?

1. Excellent
2. Good
3. Fair
4. Poor

15. How would you describe the quality of nursing care delivered to patients in your hospital **one year ago**?

1. Excellent
2. Good
3. Fair
4. Poor
5. Don't know / have not been at the hospital long enough to evaluate

16. If a member of your family needed health care, would you recommend that it be provided in your hospital?

1. No
2. Yes, with some reservations
3. Yes without reservations

17. In general, how would you describe the quality of nursing care delivered to patients on your unit **during your last shift**?

1. Excellent
2. Good
3. Fair
4. Poor

18. Have any of the following incidents occurred involving you or your patients? When?

	Never	Past Year	Past Month	Past Week
1. Patient received wrong medication or dose	1	2	3	4
2. Nosocomial infections	1	2	3	4
3. Complaints from patients or their families	1	2	3	4
4. Patient falls with injuries	1	2	3	4

19. Overall, over the **past year** would you say the quality of patient care in your hospital has:

1. Improved
2. Remained the same
3. Deteriorated



20. Have any of the following changes occurred in your hospital in the **past year**?
- |  | Yes | No | Don't know |
|--|-----|----|------------|
| 1. Increase in number of positions for advanced practice nurses (CNSs/NPs)                               | 1   | 2  | 3          |
| 2. Increase in number of patients assigned to nurses   | 1   | 2  | 3          |
| 3. Substitution of part-time, per diem, or temporary nurses for full-time positions                      | 1   | 2  | 3          |
| 4. Reduction in number of nurse managers   | 1   | 2  | 3          |
| 5. Increase in cross-training of staff   | 1   | 2  | 3          |
| 6. Hiring of LPN/LVNs to provide direct patient care previously provided by RNs                          | 1   | 2  | 3          |
| 7. Hiring of unlicensed assistive personnel to provide direct patient care previously provided by nurses | 1   | 2  | 3          |
21. How confident are you that nurses who are per diem or agency staff are able to provide competent nursing care on your unit?
1. Very confident
  2. Confident
  3. Somewhat confident
  4. Not at all confident
  5. Not applicable (no per diem or agency staff)
22. How confident are you that your patients are able to manage their care when discharged from the hospital?
1. Very confident
  2. Confident
  3. Somewhat confident
  4. Not at all confident
23. How confident are you that management will act to resolve the patient care problems that you report?
1. Very confident
  2. Confident
  3. Somewhat confident
  4. Not at all confident
24. Have you ever been stuck with a needle or sharp that had been used on a patient?
1. Yes
  2. No
- IF YES:
1. How many times has this occurred *in your nursing career*? \_\_\_\_\_ times (Enter "0" if none)
  2. How many of these incidents occurred *in the past year*? \_\_\_\_\_ incidents (Enter "0" if none)
  3. How many of these incidents occurred *in the past month*? \_\_\_\_\_ incidents (Enter "0" if none)
25. Which of the following protective devices are routinely used in your work setting? (circle all that apply)
1. Self-capping / retractable needles
  2. Needleless IV tubing systems
  3. Needleless heparin locks
  4. Safety-lock syringes
  5. Blunt needles / cannula
  6. Blunt needle IV tubing system
  7. None of the above

26. Over the **past 3 months**, how often would you say each of the following incidents has happened to you?

	Never	Rarely	Occasionally	Frequently
1. You were injured at work while caring for patients	1	2	3	4
2. You left work feeling physically exhausted	1	2	3	4
3. You left work feeling satisfied with what you accomplished	1	2	3	4
4. You left work feeling emotionally exhausted	1	2	3	4
5. You were verbally abused by a physician or other staff member	1	2	3	4
6. You received a verbal or written compliment from a physician or other staff member	1	2	3	4
7. You were verbally abused by a patient or visitor	1	2	3	4
8. You received a verbal or written compliment from a patient or visitor	1	2	3	4
9. You were physically abused or assaulted by a patient or visitor	1	2	3	4
10. You received complaints from patients or families	1	2	3	4
11. You received a written commendation or recognition award	1	2	3	4
12. You were responsible for more patients than you could safely care for and monitor	1	2	3	4
13. You were able to take your scheduled lunch break	1	2	3	4
14. You felt rushed when administering medications	1	2	3	4

27. How frequently has each of the following occurred on your **UNIT** during the **past 2 weeks**?

	Never	Rarely	Occasionally	Frequently
1. You had inadequate time to document care	1	2	3	4
2. You had inadequate time to spend with each patient.	1	2	3	4
3. Nurses were assigned to care for too many patients	1	2	3	4
4. Inadequate number of nurses were assigned on a shift	1	2	3	4
5. Patient admissions were refused due to short staffing.	1	2	3	4
6. Patients were discharged before they were ready.	1	2	3	4
7. Nurses from outside agencies were used.	1	2	3	4
8. Internal hospital pool nurses were used.	1	2	3	4
9. Nurses were "floated" to other units.	1	2	3	4
10. Agency, pool, or "float" nurses were inadequately oriented to the unit prior to working.	1	2	3	4
11. You had inadequate help available to lift or move a patient.	1	2	3	4

28. Which of the following categories would you say **best** describes your level of clinical nursing expertise?

1. Advanced beginner
2. Competent
3. Proficient
4. Expert

**E. Last shift: This section asks you questions about your nursing activities during the LAST FULL SHIFT that you worked. Please circle the number of the appropriate response to each question or, where indicated, fill in the blanks.**

1. What was the last shift you worked?
  1. Day
  2. Evening
  3. Night
2. What unit did you work on during your last shift? (e.g., Med/Surg, SICU) \_\_\_\_\_
3. How many beds, staffed and in service, are on that unit? \_\_\_\_\_ # of beds.
4. How many patients were on your unit during your last shift? \_\_\_\_\_ # of patients on unit.
5. How many of these patients were directly assigned to you? \_\_\_\_\_ # of patients If none, skip to Question 17 below.
6. Sort the patients assigned to you (from Question 5, above) into the following categories according to their care needs (the total number in lines 1-4 should equal the number in Question 5 above; enter "0" if none). *ADL refers to Activities of Daily Living.*
  1. \_\_\_\_\_ patients needed assistance with all ADLs
  2. \_\_\_\_\_ patients needed assistance with most ADLs
  3. \_\_\_\_\_ patients needed assistance with some ADLs
  4. \_\_\_\_\_ patients mostly self care
7. How many of the patients you were assigned during your last shift were unstable or required close monitoring?  
 \_\_\_\_\_ # of patients (Enter "0" if none)
8. How many of the patients you were assigned during your last shift required complex care?  
 \_\_\_\_\_ # of patients (Enter "0" if none)
9. How many patients did you admit to your inpatient unit during the last shift you worked?  
 \_\_\_\_\_ # of patients (Enter "0" if none)
10. How many patients did you discharge from the hospital during the last shift you worked?  
 \_\_\_\_\_ # of patients (Enter "0" if none)
11. How many patients did you transfer to another nursing unit within the hospital during the last shift you worked?  
 \_\_\_\_\_ # of patients (Enter "0" if none)
12. How many patients required a full nursing assessment during the last shift you worked?  
 \_\_\_\_\_ # of patients (Enter "0" if none)
13. How many patients experienced a **major decrease in health status** (physical, emotional, or psychological) requiring a substantial amount of your time and attention during the last shift you worked?  
 \_\_\_\_\_ # of patients (Enter "0" if none)
14. How many patients died during your last shift?  
 \_\_\_\_\_ # of patients (Enter "0" if none)
15. How many patients required extraordinary life-support measures (for example, a call to the code team) during your last shift?  
 \_\_\_\_\_ # of patients (Enter "0" if none)
16. Approximately how many intravenous medications did you administer during your last shift?  
 \_\_\_\_\_ # of IV medications (Enter "0" if none)
17. How many of each of the following worked on your unit during your last shift? (Include yourself; enter "0" if none.)
  - \_\_\_\_\_ # of RNs
  - \_\_\_\_\_ # of LPNs
  - \_\_\_\_\_ # of nursing assistants
  - \_\_\_\_\_ # of unlicensed assistive personnel (UAPs)
  - \_\_\_\_\_ # of nursing students
  - \_\_\_\_\_ # of medical students/residents

18. How many of the nursing staff in Question 17 were per diem / fee basis? \_\_\_\_\_ # of nursing staff (Enter "0" if none.)
19. How many of the nursing staff in Question 17 were permanent full- or part-time nurses on that unit?  
\_\_\_\_\_ # of nursing staff (Enter "0" if none.)
20. How many of the LPNs in Question 17 did you supervise? \_\_\_\_\_ # of LPNs (Enter "0" if none.)
21. How many of the nursing assistants and unlicensed assistive personnel in Question 17 did you supervise? \_\_\_\_\_ # of NAs/UAPs  
(Enter "0" if none.)
22. How many of the nursing students in Question 17 did you supervise? \_\_\_\_\_ # of students (Enter "0" if none.)
23. Which, if any, of the following tasks did you perform during your last shift? (circle all that apply)
1. Delivering and retrieving food trays
  2. Ordering, coordinating, or performing ancillary services (e.g., physical therapy, ordering labs)
  3. Starting IVs
  4. Arranging discharge referrals and transportation (including to nursing homes)
  5. Performing EKGs
  6. Routine phlebotomy
  7. Transporting of patients
  8. Housekeeping duties (e.g., cleaning patient rooms)
  9. Clerical duties
  10. Other (specify): \_\_\_\_\_
  11. None of the above
24. Which of the following tasks were necessary but left undone during your last shift because you lacked the time to complete them?  
(circle all that apply)
1. Starting/changing IVs
  2. Teach patients or family
  3. Changing or doing routine Foley catheter care
  4. Tracheostomy care
  5. Prepare patients and families for discharge
  6. Dressing changes
  7. Comfort/talk with patients
  8. Adequately document nursing care
  9. Back rubs and skin care
  10. Bathing
  11. Oral hygiene
  12. Develop or update nursing care plans
  13. Other (specify): \_\_\_\_\_
  14. None of the above
25. These tasks are often considered part of professional nursing practice, and are usually not performed by unlicensed personnel.  
Did unlicensed assistive personnel (UAPs) perform any of the following tasks **during your last shift**? (circle all that apply)
1. Teaching patients or families about discharge care
  2. Performing venipuncture
  3. Providing IV therapy
  4. Performing tracheal suctioning
  5. Administering medications
  6. Administering tube feedings
  7. Inserting nasogastric tubes
  8. Performing EKGs
  9. Catheterizing patients
  10. Assessing patient condition
  11. None of the above

**F. Demographic Characteristics: This section asks you general questions about you and your background. Please circle the number of the appropriate response to each question or, where indicated, fill in the blanks.**

1. What is your sex?
  1. Female
  2. Male
2. What is your age? \_\_\_\_\_ years
3. What is your race?
  1. African-American / Black
  2. American Indian/Alaska Native
  3. Asian / Pacific Islander
  4. Caucasian / White
  5. Other (specify) \_\_\_\_\_
4. Are you of Hispanic/Latino descent?
  1. Yes
  2. No
5. In what country did you receive your basic nursing education?
  1. United States
  2. Other (specify) \_\_\_\_\_
6. Do you have any dependent children or other dependent relatives who live with you?
  1. Yes
  2. No
7. Are you the primary "breadwinner" in your household?
  1. Yes
  2. No
8. What is the highest nursing degree you have?
  1. Certification
  2. Diploma
  3. Associate degree
  4. Baccalaureate degree
  5. Masters degree
  6. Doctorate
  7. Other (specify) \_\_\_\_\_
9. In what year did you receive your last degree? Year \_\_\_\_\_
10. In what year were you first licensed as a nurse in any state? Year \_\_\_\_\_ (check here if not licensed \_\_\_\_\_)
11. Do you belong to any professional nursing organizations?
  1. Yes
  2. No
12. Do you hold professional certification in your nursing specialty area?
  1. Yes
  2. No
13. Are you represented by a collective bargaining unit?
  1. Yes
  2. No
  3. Not applicable
14. Would you recommend a career in nursing to a friend or family member?
  1. No
  2. Yes, with some reservation
  3. Yes, without reservation
15. Would you recommend that a friend or family member work as a nurse for the VA?
  1. No
  2. Yes, with some reservation
  3. Yes, without reservation